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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/297,589			ing Date 04/1999	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FÖR			NUMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A	760	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 = *		•		x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	eets of pap \$250 (\$125 ditional 50	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	760	
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY												
AMENDMENT	09/04/2008	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 7	Minus	30	= 0	1	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 2	Minus	3	= 0	]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=	]	x s =		OR	x s =		
M	Independent (37 CFR 1.16(h))	٠	Minus	**	=	]	x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))								]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
. 12									OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner:  "If the "Highest Mumber Previously Paid For IN THIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

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